CHILD PROTECTION POLICY

2019-20
1. CHILD PROTECTION ETHOS

We in Cultúrlann Uí Chanáin have a responsibility for the Pastoral Care, general welfare and safety of the children in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching, should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within our organisation.

2. PRINCIPLES

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance “Pastoral Care in Schools- Child Protection” (DENI Circular 99/10) and the Area Child Protection Committees’ Regional Policy and Procedures (2005).

The following principles form the basis of our Child Protection Policy.

- It is a child’s right to feel safe at all times, to be heard, listened to and taken seriously.
- We have a pastoral responsibility towards the children in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
- In any incident the child’s welfare must be paramount, this overrides all other considerations.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is conflict the child’s interest must always come first.

What is child abuse?

DENI(1999/10) define child abuse under the following categories:

Neglect
Neglect is defined as “the persistent or significant neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or persistent failure to carry out important aspects of care, resulting in the significant impairment or the child’s health or development, including non-organic failure to thrive.”

Physical
Physical abuse is defined as “physical injury to a child, whether deliberately inflicted or knowingly not prevented.”
This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation, confinement to a room or cot, or inappropriate giving drugs to control behaviour.

ACPC Regional Child Protection Policy and Procedures

Sexual
Sexual abuse is defined as “the sexual exploitation of a child or young person for an adult’s or another young person’s own sexual gratification; the involvement of children in sexual activities of any kind which they do not understand, to which they are unable to give informed consent or that violate normal family roles”

This involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

ACPC Regional Child Protection Policy and Procedures

Emotional
Emotional abuse is defined as “persistent or significant emotional ill-treatment or rejection, resulting in severe adverse affects on the emotional, physical and/or behavioural development of the child.”

It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person.

ACPC Regional Child Protection Policy and Procedures

4. Cultúrlann Uí Chanáin SAFEGUARDING TEAM

The following are members of the organisation’s Safeguarding team

- Chair of the Board – Deaglán Ó Mochain
- Designated Board Member for Child Protection - Mary Nic Ailín
- Designated Person – Carol NicConmara
- Deputy Designated Person – Aisling Ní Mhaoinigh

5. ROLES AND RESPONSIBILITIES

5.1 The Chair Of The Board Of Directors

The Chair of the Board of Directors must:

- Ensure that a safeguarding ethos is maintained within the centre environment
- Ensure that the centre has a Child Protection Policy in place and that staff implement the policy;
• Ensure that Board of Directors undertake appropriate child protection and recruitment & selection training if and when provided are completed
• Ensure that a Designated Person for Child Protection is appointed
• Assume lead responsibility for managing any complaint/allegation against the C.E.O.
• Ensure that the Board receive yearly updates and a full written annual report in relation to child protection activity

5.2 The Designated Person For Child Protection

The Designated Director will provide the child protection lead in order to advise the Directors on:

• The role of the designated person
• The content of child protection policies
• The content of a code of conduct for adults within the centre
• The content of the yearly updates and full Annual Designated Person’s Report
• Recruitment, selection and vetting of staff

5.3 The Board of Directors

Board of Directors must ensure:

• that the organisation has a Child Protection Policy in place and that staff implement the policy;
• Relevant Child Protection training is kept up-to-date by at least one member and a record kept of the same;
• that confidentiality is paramount. Information should only be passed to an entire Board on a need-to-know basis.

5.4 The Chief Executive

The Chief executive must ensure that:-
• That a designated person and deputy are appointed
• That all staff receive child protection training
• That all necessary referrals are taken forward in the appropriate manner
• That the Chairperson of the Board (and the Board) is kept informed
• That child protection activities feature on the agenda at the Board meetings (yearly updates & annual report)
• That the organisation’s child protection policy is reviewed annually and that parents and young people can access this policy.
• That confidentiality is paramount, information should only be passed to the entire Board on a need to know basis.
5.5 The Designated Person (And Deputy)

The designated person and deputy must

- Avail of training so that they are aware of duties, responsibilities and role
- Organise training for all staff
- Lead in the development of the centre’s Child Protection Policy
- Act as a point of contact for staff (and parents)
- Assist in the drafting and issuing of the summary of our Child Protection arrangements for parents
- Make referrals to Social Services (Gateway team) or PSNI Public Protection Unit where appropriate
- Maintain records of all child protection concerns
- Keep the C.E.O. informed
- Provide written annual report to the Board regarding child protection

5.6 Staff

Staff seeing children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse.

Staff must:

- refer concerns to the Designated/deputy person for Child Protection;
- listen to what is being said and support the child
- act promptly
- make a concise written record of a child’s disclosure using the actual words of the child (appendix 5a)
- Keep the Designated Person informed through the written “Record of Concern” proforma (appendix 5b) or verbally about poor attendance and punctuality, poor presentation, changed or unusual behaviour, deterioration in educational progress, discussions with parents about concerns relating to their child, concerns about child abuse or serious bullying, concerns about home conditions
- Avail of whole staff training and relevant other training regarding safeguarding children
- **NOT** give children a guarantee of total confidentiality regarding their disclosures
- **NOT** investigate

5.7 The Parents

Parents should play their part in Child Protection by:

- informing the organisation whenever anyone, other than themselves, intends to pick up the child after an activity;
• letting the organisation know in advance if their child is going home to an address other than their own home;

• familiarising themselves with the organisation's Child Protection Policy;

• reporting to the main desk when they visit the centre

• raising concerns they have in relation to their child with the organisation.

6. WHAT IS CHILD ABUSE?

The following definitions of child abuse are taken from the Area Child Protection Committees' Regional Policy and Procedures (2005).

6.1 Definition of Abuse

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child.

6.2 Types of Abuse

* **Neglect** is the persistent failure to meet a child’s physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

* **Physical Abuse** is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

* **Emotional Abuse** is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of the other person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

* **Sexual Abuse** involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking
at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

6.3 Signs and symptoms of abuse

**Signs and symptoms of suspected abuse**

**NEGLECT**
Physical indicators:
- constant hunger
- exposed to danger; lack of supervision
- inadequate/ inappropriate clothing
- poor hygiene
- untreated illness

Behavioural indicators:
- tiredness, listlessness
- lack of peer relationships
- low self-esteem
- compulsive stealing/ begging

**PHYSICAL ABUSE**
Physical indicators:
- scratches
- bite marks or welts
- bruises in places difficult to mark e.g., behind ears, groin
- burns, especially cigarette burns
- untreated injuries

Behavioural indicators:
- self mutilation tendencies
- chronic runaway
- aggressive or withdrawn
- fear of returning home
- undue fear of adults
- fearful watchfulness

**SEXUAL ABUSE**
Physical indicators:
- soreness, bleeding in genital or anal areas
- itching in genital area
- stained or bloody underwear
- stomach pains or headaches
- pain on urination
- difficulty in walking or sitting
- bruises on inner thighs or buttocks
- anorexic/ bulimic

Behavioural indicators:
- chronic depression
- inappropriate language, sexual knowledge for age group
• making sexual advances to adults or other children
• low self-esteem
• afraid of dark
• wariness of being approached by anyone
• substance/drug abuse

**EMOTIONAL ABUSE**

Physical indicators:
• sudden speech disorders
• wetting and soiling
• signs of mutilation
• attention seeking behaviour
• frequent vomiting

Behavioural indicators:
• rocking, thumb sucking
• fear of change
• chronic runaway
• poor peer relationships

It is important to realize that these signs are not a checklist and even for the experts it is often very hard to decide if a child has been abused.

**Confidentiality**

A child will never be promised complete confidentiality. Where there are concerns that a child has been or is being abused, the matter must be reported to the appropriate authorities.

In the best interests of the child, information will be shared with other agency personnel working with the child. However, this will be on a ‘need to know’ basis. Information will be shared with other staff in organisation only on a ‘need to know’ basis.

All records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from the child’s individual report.

**7. PROCEDURES FOR MAKING COMPLAINTS IN RELATION TO CHILD ABUSE**

**7.1 How a Parent can Make a Complaint**

At Cultúrlann Uí Chanáin we aim to work closely with the parents/guardians in supporting all aspects of the child’s development and well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a concern they can talk to the member of staff or the C.E.O. / Designated Person for child protection. If they are still concerned they may talk to the Chair of the Board. At any time a parent may talk to a social worker or to the PSNI Public Protection Unit. Details of who to contact are shown in the flowchart in Appendix 2.
7.2 Where the centre has concerns or has been given information about possible abuse by someone other than a member of the staff

Where staff become aware of concerns or are approached by a child they should not investigate – this is a matter for the Social Services – but should report these concerns immediately to the designated member of staff, discuss the matter with her and make full notes. These notes or records should be factual, objective nature and include what was seen, said, heard or reported, the place and time of who was present and should be given to the designated person. The person who reports the incident must treat the matter in confidence.

The designated person will decide whether in the best interest of the child the matter needs to be referred to the Social Services. If there are concerns that the child may be at risk, the centre is obliged to make a referral. Unless there are concerns that a parent may be the possible abuser, the parent will be informed immediately.

The designated person may need to seek discreet preliminary clarification from the person making the complaint or giving the information or from others who may have relevant information. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. The safety of the child is our prime priority.

If there are concerns that the child or young person may be at risk, the designated person is obliged to make a referral. Unless there are concerns that a parent may be the possible abuser, the parents will be informed immediately.

Where there are concerns about possible abuse and a referral needs to be made the designated teacher will telephone the Western Health & Social Services Gateway Team.

This procedure with names and contact numbers is shown in Appendix 3.

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
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<tbody>
<tr>
<td>Do listen to what the child says.</td>
<td>Don’t ask leading questions.</td>
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<tr>
<td>Do assure the child they are not at fault.</td>
<td>Don’t put words into the child’s mouth.</td>
</tr>
<tr>
<td>Do explain to the child that you cannot keep it a secret.</td>
<td>Don’t ignore the child’s behaviour.</td>
</tr>
<tr>
<td>Do document exactly what the child says, using his/her exact words.</td>
<td>Don’t remove any clothing.</td>
</tr>
<tr>
<td>Do remember not to promise the child confidentiality.</td>
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</table>
### 7.3 Where a complaint has been made about possible abuse by a member of the staff

If a complaint about possible child abuse is made against a member of staff, the C.E.O. / Designated person (or the deputy designated person if she is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the C.E.O. /Designated person)

If a complaint is made against the C.E.O. / Designated person the Chairperson of the Board will be informed and he/she will ensure that necessary action is taken.

Where the matter is referred to the Social Services the member of staff may be removed from duties involving direct contact with children (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities). The Chairman of the Board will also be informed immediately.

Where an allegation is made against a member of staff and is pursued either as a formal referral or under the agreed disciplinary procedures for teacher’s, a detailed record of the complaint, signed by the C.E.O., and shall be retained on the child’s file and the file of the member of staff concerned. An entry will also be made in the centre’s Record of Child Abuse Complaints.

If, on foot of a subsequent investigation by one of the investigating agencies, the member of staff concerned is totally exonerated, the record on the file of the member of staff concerned shall be expunged, and the entry in the organisation’s Record of Child Abuse Complaints deleted or struck through.

However where disciplinary investigation or action is undertaken in the context of child protection, all details relating to the complaint and disciplinary sanction shall be maintained on the member of staff’s file for a period of 5 years. The record on the child’s file should be noted accordingly, and should be maintained indefinitely in case there should be subsequent complaints. In all other cases, the record on both the child’s file and the staff member’s file should be maintained indefinitely.

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<table>
<thead>
<tr>
<th><strong>Do’s</strong></th>
<th><strong>Don’ts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stay calm</td>
<td>• Panic</td>
</tr>
<tr>
<td>• Listen</td>
<td>• Promise to keep secrets</td>
</tr>
<tr>
<td>• Accept</td>
<td>• Ask leading questions</td>
</tr>
<tr>
<td>• Reassure</td>
<td>• Make the child repeat the story unnecessarily</td>
</tr>
<tr>
<td>• Explain what you are going to do</td>
<td>• Delay</td>
</tr>
<tr>
<td>• Record accurately</td>
<td>• Start to investigate</td>
</tr>
<tr>
<td>• Seek support for yourself</td>
<td>• Do Nothing</td>
</tr>
</tbody>
</table>
The centre’s record of Child Abuse complaints will be made available to the Board of Directors at least annually.

This procedure with names and contact numbers is shown in Appendix 4.

7.4 Where a complaint has been made about possible abuse by a volunteer

Any complaint about the conduct of a person working in the organisation in a voluntary capacity should be treated in the same manner as complaints against a person who is not on the centre’s staff, and the above procedures followed. If the C.E.O. has any concern that a child may be at risk, the services of the volunteer should be terminated immediately.

8. CONFIDENTIALITY AND INFORMATION SHARING

Information given to members of staff about possible child abuse cannot be held “in confidence”. In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies and where physical or sexual abuse is suspected, a legal duty to report this. However, only those who need to know will be told.

9. RECORD KEEPING

All child protection records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from any other file that is held on the child or young person.

If a complaint about possible child abuse is received by the centre and is not referred to Social Services – or if it is referred and Social Services do not place the child’s name on the Child Protection Register – a record on the child’s file will be permanently preserved and a confidential copy will be sent to any school to which the child subsequently transfers.

If the Social Services inform the organisation that child’s name has been placed on the Child Protection Register, a record of this fact and associated documentation from the Social Services will be maintained on the child’s file while he or she continues to come to our organisation.

When the child’s name is removed form the child protection register then all Social Services records will be destroyed and only the organisation’s records retained for permanent preservation. Please refer to Appendices 5(a) and 5 (b), 5 (c) for recording pro-formas used to record concerns.
11. VETTING PROCEDURES

All staff paid or unpaid who are appointed to positions in the centre are vetted in accordance with relevant legislation and guidance.

12. CODE OF CONDUCT FOR ALL STAFF PAID OR UNPAID

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the child and young people in their charge must be above reproach. The organisation has a code of conduct for staff which is intended to assist staff in respect of the complex issue of child abuse, by drawing attention to the areas of risk for staff and by offering guidance on prudent conduct. It is not intended to detract from the enriching experiences children and young people gain from positive interaction with staff within the education sector.

The organisation’s code of conduct is included as Appendix 6.

13. STAFF TRAINING

Cultúrlann Uí Chanáin is committed to in-service training for its entire staff. Each member of staff will receive general training on Policy and procedures with some members of staff receiving more specialist training in line with their roles and responsibilities. All staff will receive basic child protection awareness training and annual refresher training. The C.E.O. /Designated Person; Deputy Designated person, Chair of the Board and Designated Board member for Child Protection will also attend relevant child protection training courses.

When new staff or volunteers start at the centre they are briefed on the Child Protection Policy and code of conduct and given a copy of the policy which includes what to do if you are worried that a child is being abused.
14. MONITORING AND EVALUATION

Cultúrlann Uí Chanáin will update this Policy and procedures in the light of any further guidance and legislation as necessary and review it annually. The Board of Directors will also monitor child protection activity and the implementation of the child protection policy on a regular basis through the provision of reports from the Designated person.

On-going evaluation will ensure the effectiveness of the Policy.

Date Policy Reviewed: 30/09/19

Signed: Deaghlán Ó Mocháin (Board of Directors)

Mary nice canan (Designated Person)
Appendix 1

Signs and Symptoms of abuse – possible indicators

Physical Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
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<tbody>
<tr>
<td>Unexplained bruises – in various stages of healing – grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday</td>
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<tr>
<td>Self destructive tendencies; aggressive to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to activities early or stays last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories</td>
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Neglect

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
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<tbody>
<tr>
<td>Looks very thin, poorly and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.</td>
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<tr>
<td>Tired or listless (falls asleep in class); steals food; compulsive eating; begging from class friends; withdrawn; lacks concentration; medicals; reports that no carer is at home; low self-esteem; persistent non-attendance at activities; exposure to violence including unsuitable videos.</td>
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Emotional Abuse

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
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</thead>
<tbody>
<tr>
<td>Well below average in height and weight; “failing to thrive”; poor hair and skin; alopecia; swollen extremities i.e. icy cold and swollen hands and feet; recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness);</td>
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<tr>
<td>Apathy and dejection; inappropriate emotional responses to painful situations; rocking/head banging; inability to play; indifference to separation from family indiscriminate attachment; reluctance for parental liaison; fear of new situation; chronic runaway;</td>
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extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioural Indicators</th>
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</thead>
<tbody>
<tr>
<td>Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; bruises or bleeding in genital or anal areas; torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches; difficulty in walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games, showers; unexplained pregnancies where the identity of the father is vague; anorexia/gross over-eating.</td>
<td>What the child tells you; Withdrawn; chronic depression; excessive sexual precociousness; seductiveness; children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal; over concerned for siblings; poor self esteem; self devaluation; lack of confidence; peer problems; lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in work or behaviour; inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children’s art work or stories; vulnerability to sexual and emotional exploitation; promiscuity; exposure to pornographic material.</td>
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Appendix 2

How a Parent can make a Complaint

I have a concern about my/a child’s safety

I can talk to the leader

If I am still concerned, I can talk to the Designated Person for child protection: Carol NicConmara

If I am still concerned, I can talk/write to the Chair of the Board of Directors (Mary Nic Ailín)

At any time a parent can talk to a social worker at the Gateway Team (Western Trust) Tel: 028 71314 090
or the PSNI at the Public Protection Unit Tel: 0845 600 80000
Appendix 3

Procedure where the Organisation has concerns, or has been given information, about possible abuse by someone other than a member of staff

Child makes a disclosure to staff member or staff member has concerns about child either as a result of one observation or many observations over a period of time. 
Staff member should make notes of what was said or observed and must ACT PROMPTLY

Staff member refers matter to designated person, discussed with designated person, makes full notes.

Designated person meets with C.E.O. to plan course of action and ensures that a written record is made and treated confidentially.

If doubts remain seek advice from WELB/Gateway team

If no referral to Gateway team/PSNI necessary

Yes – discuss with Gateway team/Police how parent will be informed

If a referral is necessary, refer to Gateway Team/PSNI and advise WELB Designated Officer

Tell Complainant

Is Parent the alleged abuser?

No – tell parent

CONTACT NUMBERS

WESTERN EDUCATION & LIBRARY BOARD
Designated Child Protection Officer
1 Hospital Road Omagh
Tel: 028 82411289

WESTERN HEALTH & SOCIAL CARE TRUST
Gateway Team, Whitehill, 106 Irish Street, L’Derry
Tel:028 71 7131490

PSNI (Public Protection Unit)
Public Protection Unit
Tel:08456008000
Appendix 4

Procedure where a complaint has been made about possible abuse by a member of the organisation's staff.

The complaint is about possible abuse by a member of staff

It is about someone other than the C.E.O. or designated person

Keep a written record at every stage, whether a referral is made or not

It is about the C.E.O.

The designated person is the C.E.O.

Tell the designated person

Yes

No

Tell the C.E.O.

Tell the Chairperson of the Board of Directors

If a referral is necessary, or if doubts remain:

No – no further action

Seek advice from Social Services

Yes

Tell Social Services/Police/Board/CCMS

Consider Precautionary suspension/ remove from direct contact duties

Suspension to be done by C.E.O. (where not the subject of complaint) or Chairperson of BoD

Instigate disciplinary proceedings

No – but disciplinary action

Tell complainant

Seek advice from management
Appendix 5 (a)

Cultúrlann Uí Chanáin

CHILD PROTECTION PROFILE OF CONCERNS (FORM A)

Child’s Initial_______ DOB________ Scheme_____

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Concern</th>
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CHILD PROTECTION INCIDENT REPORT – FORM B

Child's Initial_______ DOB_______

Details of Incident

Person completing the report __________________

Relationship to organisation __________________

Address (if person making the report is not known)

Signature_____________ Date_____________
Appendix 6

CODE OF CONDUCT

Private Meetings with Pupils

- Staff should be aware of the dangers which may arise from private interviews with individual young people. It is recognised that there will be occasions when confidential interviews must take place. As far as possible, staff should conduct such interviews in a room with visual access, or with the door open.
- Where such conditions cannot apply, staff are advised to ensure that another adult knows that the interview is taking place. It may be necessary to use a sign indicating that the room is in use, but is not advisable to use signs prohibiting entry to the room.
- Where possible another young person or (preferably) another adult should be present or nearby during the interview, and the organisation should take active measures to facilitate this.

Physical Contact with Pupils

- As a general principle, staff are advised not to make unnecessary physical contact with the young people.
- It is unrealistic and unnecessary, however, to suggest staff should touch young people only in emergencies. In particular, a distressed child, especially a younger child, may need reassurance involving physical comforting, as a caring parent would provide. Staff should not feel inhibited from providing this.
- Staff should never touch a child who has clearly indicated that he/she is, or would be, uncomfortable with such contact, unless it is necessary to protect the child, others or property from harm.
- Physical punishment is illegal, as is any form of physical response to misbehaviour, unless it is by way of necessary restraint.
- Staff who have to administer first-aid to a young person should ensure wherever possible that this is done in the presence of other children or another adult. However, no member of staff should hesitate to provide first-aid in an emergency simply because another person is not present.
- Any physical contact which would be likely to be misinterpreted by the young person, parent or other casual observer should be avoided.
- Following any incident where a member of staff feels that his/her actions have been, or may be, misconstrued, a written report of the incident should be submitted immediately to his/her line manager.
- Staff should be particularly careful when supervising pupils in a residential setting, or in approved out of schools activities, where more informal relationships tend to be usual and where staff may be in proximity to young people in circumstances very different from the normal organisation/work environment.
Choice and Use of Materials

- Staff should avoid materials, the choice of which might be misinterpreted and reflect upon the motives for the choice.
- When using materials of a sensitive nature a teacher should be aware of the danger that their application, either by pupils or by the teacher, might after the event be criticised.
- If in doubt about the appropriateness of a particular teaching material, the member of staff should consult with the C.E.O. before using it.

Relationships and Attitudes

Within the Pastoral Care Policies of the centre the employing authority staff should ensure that their relationships with pupils are appropriate to the age, maturity and sex of the pupils, taking care that their conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when staff are dealing with adolescent boys and girls.

Conclusion

It would be impossible and inappropriate to lay down hard and fast rules to cover all the circumstances in which staff interrelate with children and young people, or where opportunities for their conduct to be misconstrued might occur.

From time to time it will be prudent for all staff to reappraise their styles, relationships with children/young people and their manner and approach to individual children/young children, to ensure that they give no grounds for doubt about their intentions, in the minds of colleagues, of children/young people or of their parents/guardians.